id.

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										/					
PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number							
		Effec		2	28 -0	202	.001	SL	rock						
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)								SMALL TYPE	EN	τπν ⊐	OR	OTHER THAN			
TOTAL CLAIMS			17.					RATE		FEE	7	RATE		FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		385.00	OR	BASIC FEE	77	70.00	
TOTAL CHARGEABLE CLAIMS			/7 minus 20=		• 0			XS 9=			OR	XS18=	XS18=		
INDEPENDENT CLAIMS .			a minus 3 =		· 45			X43=			OR	X86=	X86=		
MI	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=			OR	+290=			
• If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL 352		all	OR	TOTAL	$\vdash$		
CLAIMS AS AMENDED - PART II										200	] • · ·	OTHER	TH	AN	
(Column 1) (Column 2) (Column 3)								SMAL	L EI	YTITY	OR	SMALL			
ENTA	•	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE		ADDI- TONAL FEE		RATE	TIC	DDI- DNAL EE	
MENDMENT	Total	· <i>1</i> 7	Minus	-2	<u> </u>	•		X\$ 9=	T	7	OR	X\$18=			
	Independent	. 2	Minus	••	<u>.</u>	= ·	Ī	X43=	1		OR	X86=	П		
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							4.16	†	-		200	H		
RCE filed 4/20/05						+145=			OR	+290=	<u> </u>				
• • • • • • • • • • • • • • • • • • • •			1/21				Ä	DOIT. FE			OR ,	ADDIT, FEE			
		(Column 1) CLAIMS		(Colum		(Column 3)						<del></del> ,			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	L	RATE	T	ADDI- IONAL FEE		RATE	TIC	DDI- DNAL EE	
	Total	. 17	Minus	- 20	<u> </u>	• /		X\$ 9=		. / [	OR	X\$18=	1		
	Incependent	• 2	Minus	<b>-</b> 3		·/		X43=	T	abla	OR	X86=	$\neg$		
ĻJ	PIROI PHESE	NTATION OF MU	LITPLE DEF	ENUENT	CLAUM			+145=	T	T	OR	+290=	7		
						•	A	YOTAL DDIT, FEE		·	OR ,	TOTAL WOIT, FEE	${\cal L}$		
(Column 1) (Column 2) (Column 3)										V		i	l		
۶,		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID R	ER '	PRESENT EXTRA		RATE	TI	DDI- ONAL FEE		RATE	TIC	DDI- NAL EE	
	Total	•	Minus	••		·	Γ	X\$ 9-	Γ		OR	X\$18-		$\overline{}$	
	Ind pendent	•	Minus	***		8	上	X43•	t		T	X86=		$\dashv$	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								╀	<del> </del> '	OR				
			L	+145=		(	OR	+290≔							
- 11	the Highest Nur	nn 1 is less than the ober Previously Pai ober Previously Pai	d For EN THIS	SPACE &	ess than	20, enter "20."	AD	TOTAL DIT. FEE			OR A	TOTAL DOIT, FEE			
		ber Previously Paid					found	in the ap	brob	riate box	in colu	MA 1.			